



TATTNALL

PATIENT NAME: CHARLES KING
DATE OF PROCEDURE: 09/13/2023
OPTIM ACCT #: 2156610
ENCOUNTER ID: 10357204
DOB: 10/29/1969

PREOPERATIVE DIAGNOSES: LEFT KNEE LATERAL MENISCAL TEAR.

POSTOPERATIVE DIAGNOSES:

1. LEFT KNEE ACL RUPTURE.
2. LEFT KNEE GRADE 4 CHONDROMALACIA, CENTRAL ASPECT OF TROCHLEA.
3. LEFT KNEE MEDIAL MENISCAL TEAR.

OPERATIVE PROCEDURE:

1. LEFT KNEE ARTHROSCOPIC MICROFRACTURE OF TROCHLEA.
2. LEFT KNEE ARTHROSCOPIC MEDIAL MENISCAL DEBRIDEMENT.
3. LEFT KNEE ARTHROSCOPIC ACL RECONSTRUCTION WITH TIBIALIS ANTERIOR ALLOGRAFT.

SURGEON: MARK SPIVEY, MD
ASSISTANT: RICK PROENZA, PA-C

ANESTHESIA: GENERAL.
BLOOD LOSS: MINIMAL.
COMPLICATIONS: NONE.

DESCRIPTION OF PROCEDURE: The patient was seen preoperatively. Left lower extremity was marked as the correct extremity. He was given prophylactic antibiotics, was taken to the operating room where general anesthesia was obtained. Left lower extremity was prepped and draped in the standard sterile surgical fashion. Timeout was performed.

Diagnostic arthroscopy was performed. Inspection of his patellofemoral joint revealed him to have some grade 4 chondromalacia in the central aspect of his trochlea. It was relatively small, very well contained, so performed a chondroplasty of those edges, did a microfracture of that



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area. However, throughout his medial and lateral gutters, he did have significant chondrolysis which I really think was coming more from his complete ACL rupture. We did do a microfracture with about 4 PowerPick holes in the trochlea, removed all those small loose bodies in the medial compartment. He had had a previous medial meniscal resection. We resected about a third of the body and posterior horn that was remaining. There was a small loose body fragment underneath. He did not have any advanced chondromalacia in his medial compartment. He does have some grade 1-2 changes in the medial compartment. The lateral compartment was really benign with respect to articular cartilage and meniscus. However, the most significant change is that his ACL was completely blown apart and completely torn. He did have a pivot shift-type change on the posterior aspect of his tibial plateau, but the severity of his ACL rupture really was not truly appreciated on the MRI. I did debride that meniscus back down to a solid stable rim medially, but did not feel like I needed to do much laterally.

At this point, I went out and talked to his daughter, informed her that we need to do an ACL reconstruction. She was on board with that. We went back to the operating room and placed a 9 mm tibialis anterior allograft with an ACL TightRope on the femur and a BioComposite RapidFix ACL Arthrex screw on the tibia. He had 9 mm tunnels. Everything was fixed at about 30 degrees of tension, and I felt we had excellent stability, good solid ACL reconstruction. I did back that up with an internal brace.

The wounds were irrigated. Skin was closed with interrupted 3-0 Vicryl and staples. Portal sites were closed with 3-0 Vicryl and staples. Sterile dressing applied. He was taken to PACU in stable condition. He tolerated the procedure well.

First assistant, Rick Proenza, PA-C, was used throughout the procedure to provide an additional set of skilled hands beyond those provided by the hospital staff. He was deemed to be medically necessary for the overall completion of the procedure.

I am optimistic we are going to buy him some time, and he not going to need a knee replacement as soon as we had discussed preoperatively. His arthritis was not terrible. He will be on a standard ACL protocol postoperatively, will be weightbearing as tolerated. Even though we did that small microfracture, we only placed about 4 drill holes in the central aspect of his trochlea, so he is weightbearing as tolerated with that.



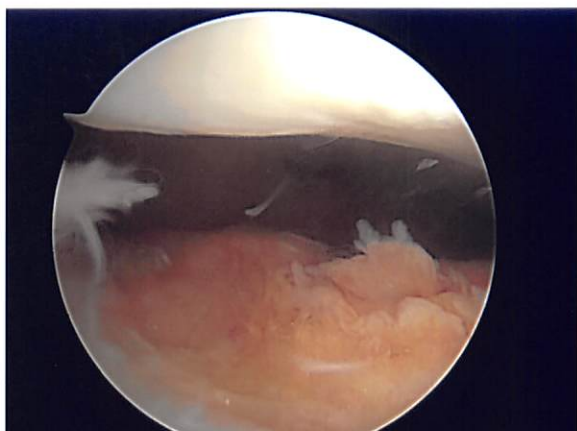
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Mark Spivey, MD

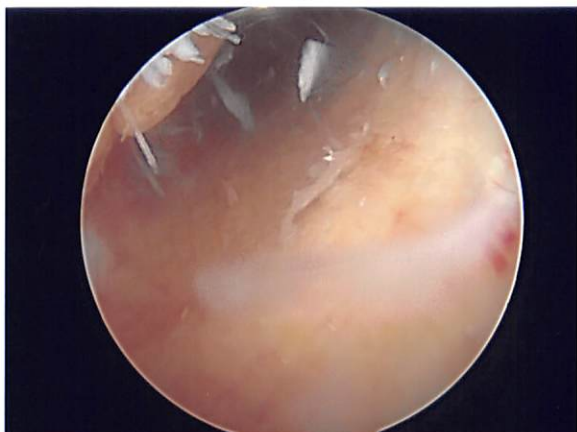
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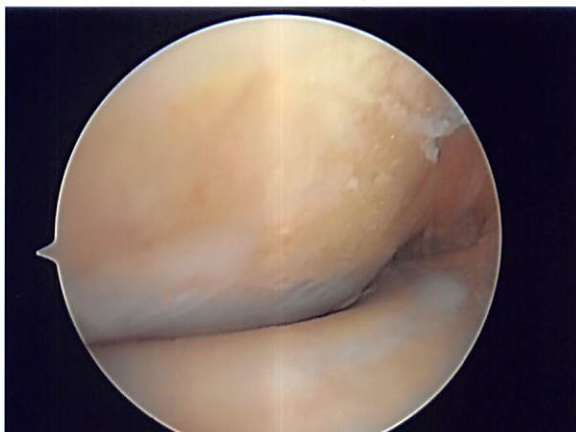
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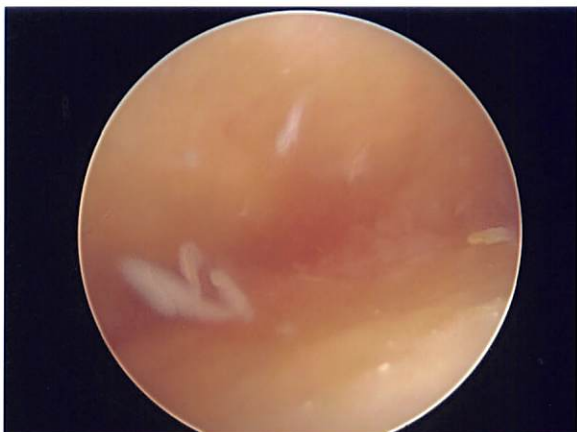
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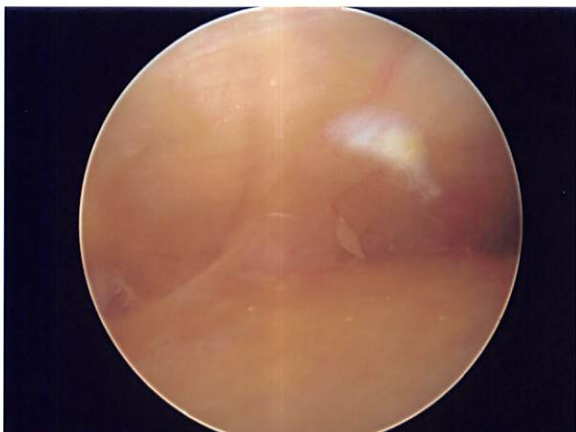
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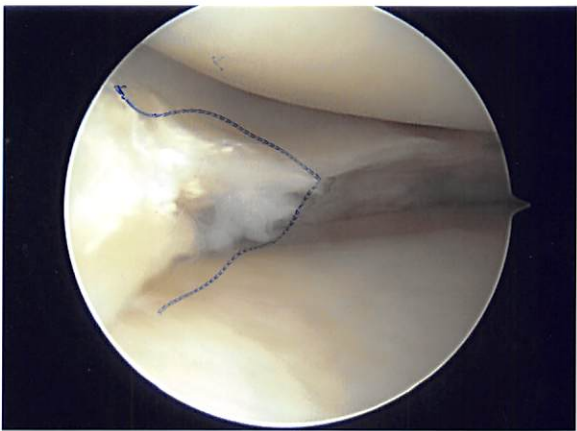
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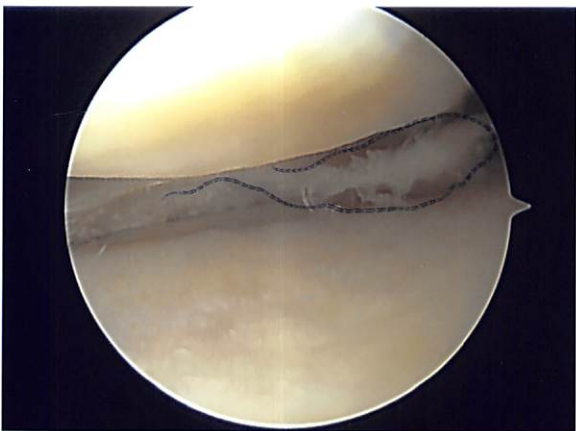
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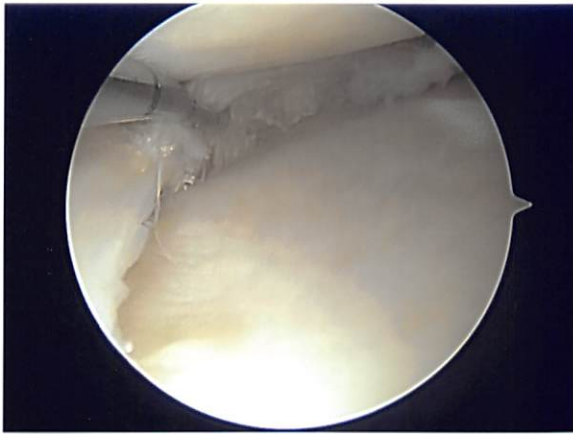
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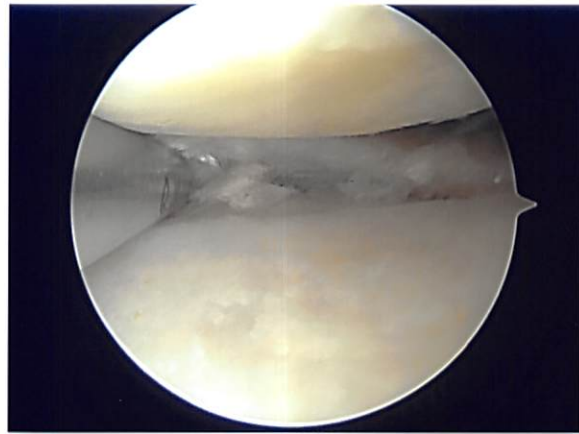
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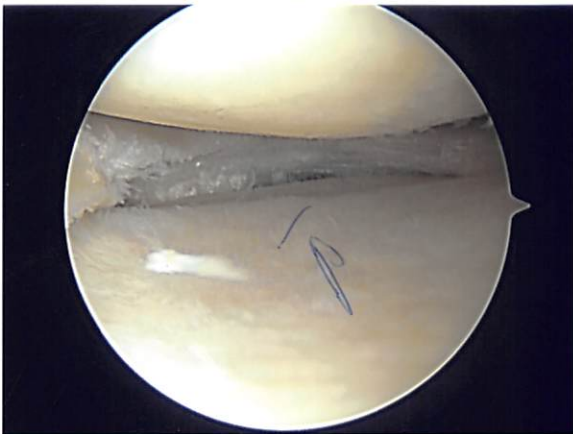
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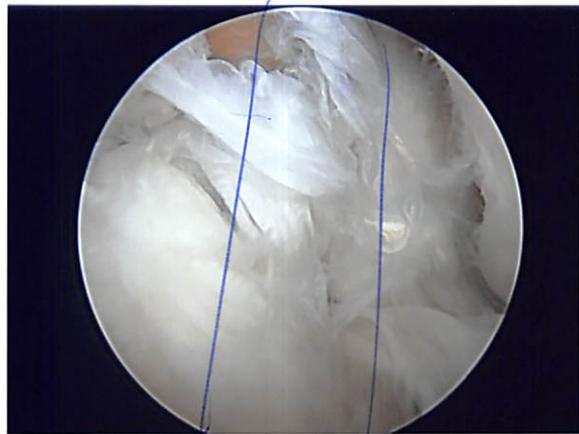
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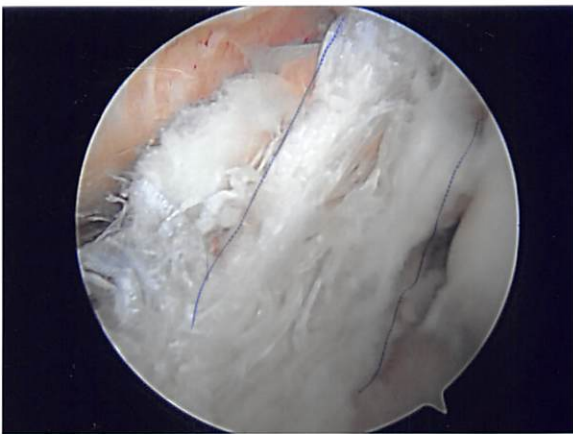
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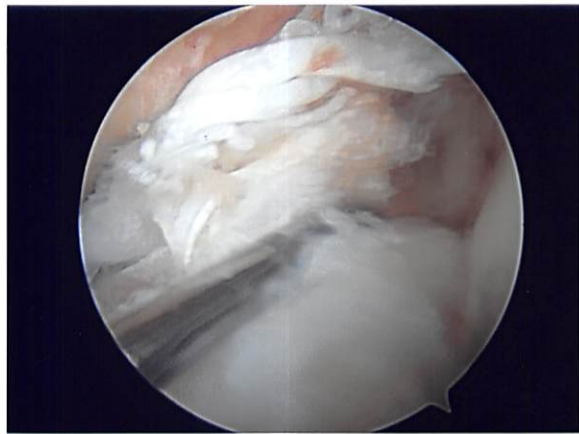
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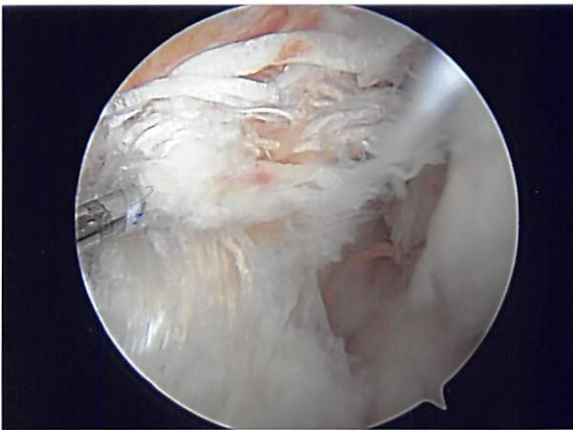
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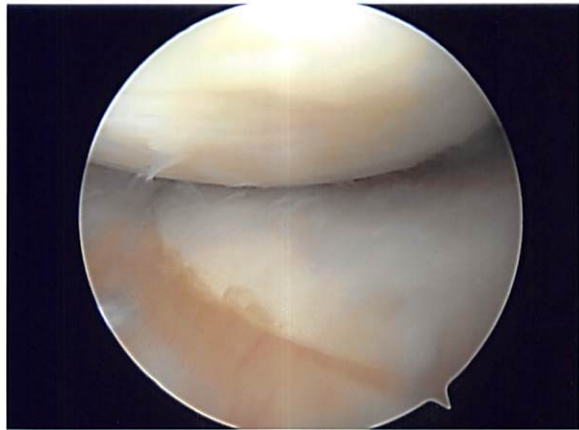
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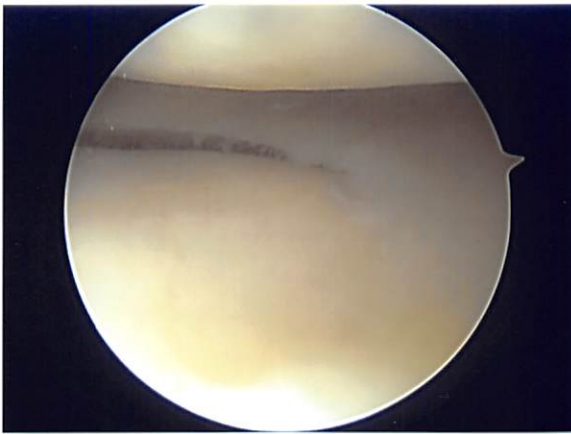
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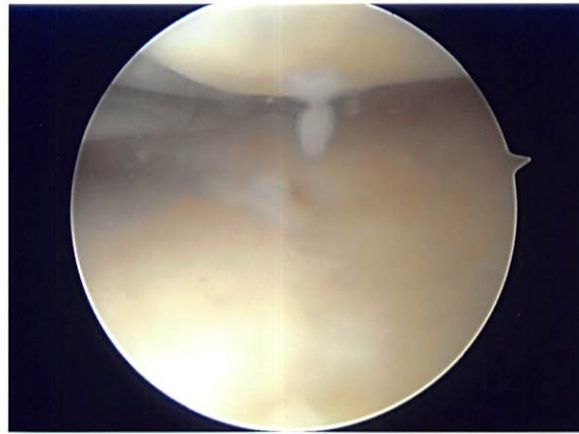
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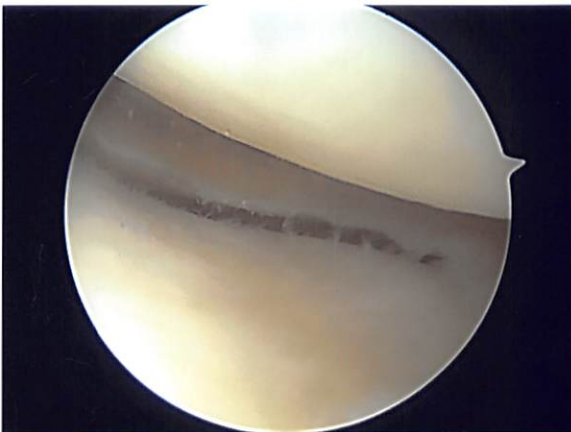
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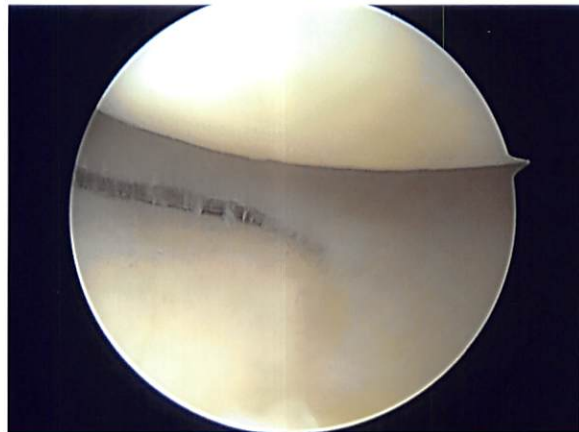
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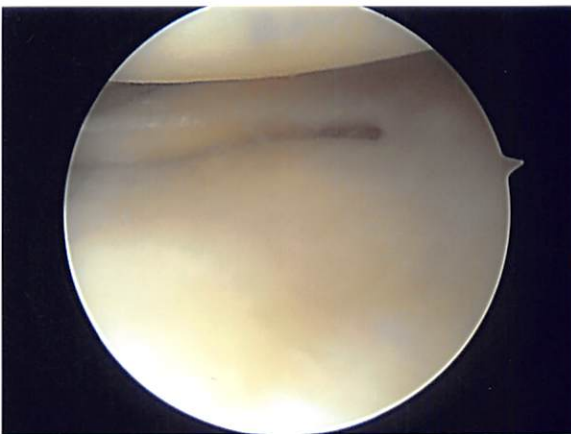
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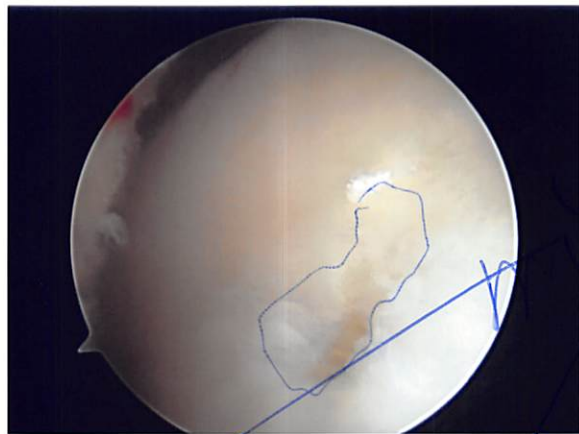
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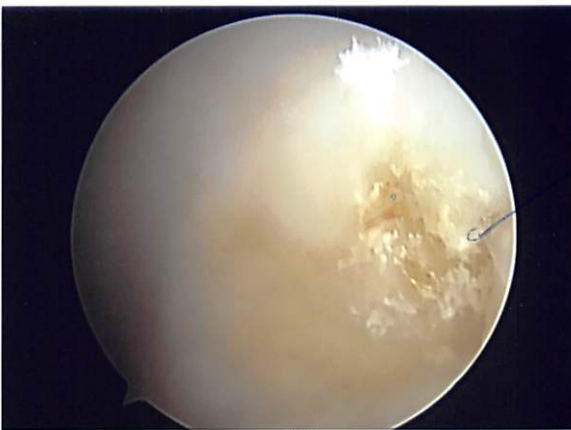
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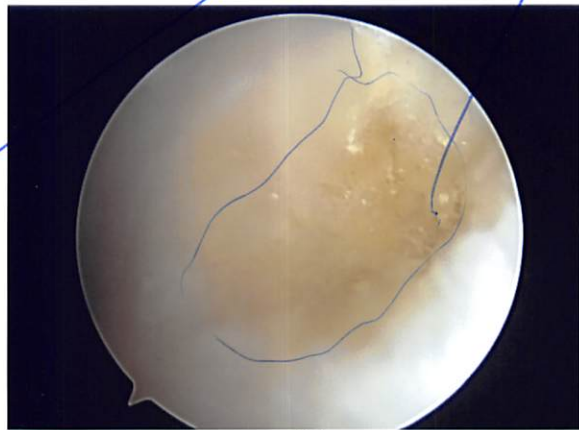
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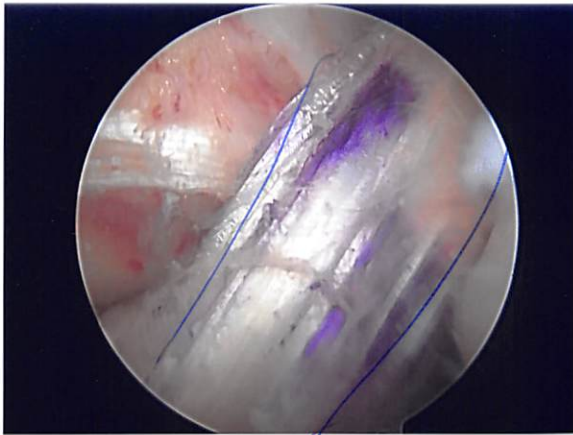
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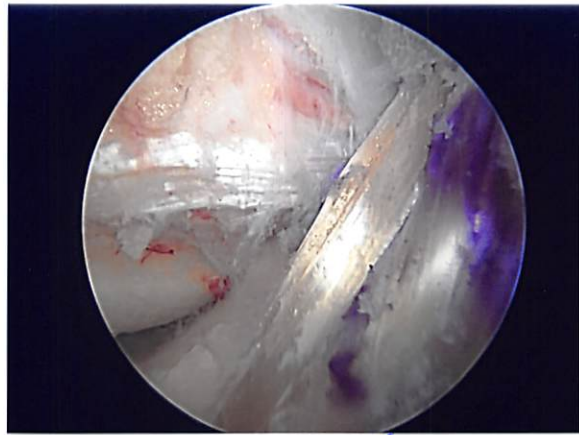
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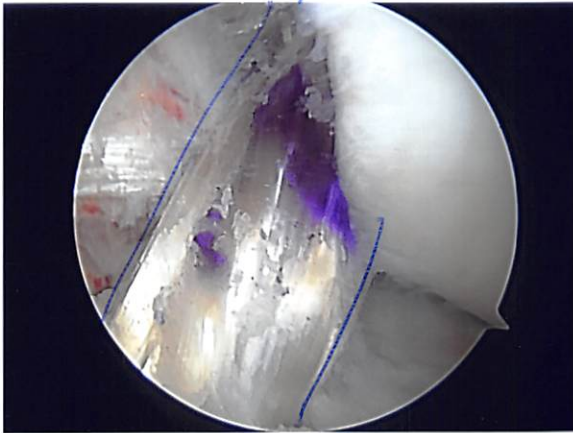
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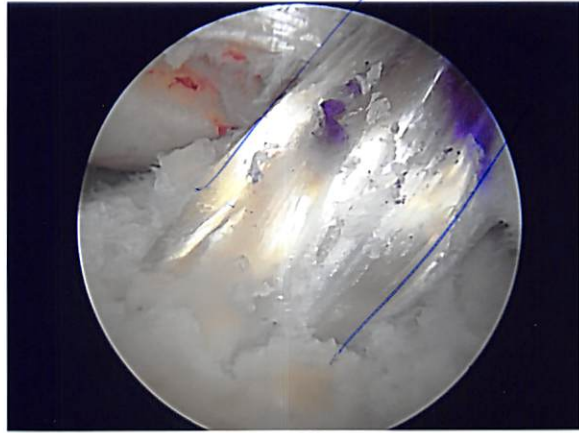
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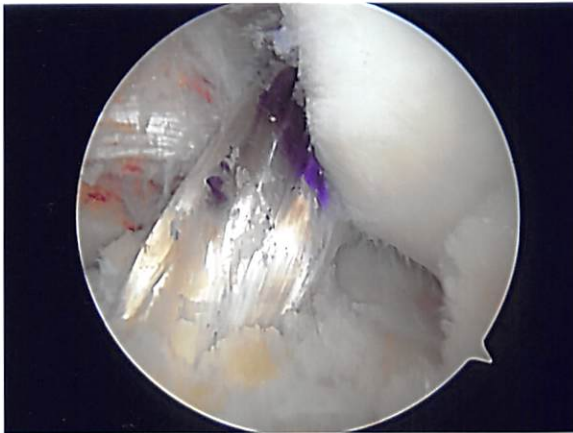
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